



Rhode Island Data Brief

Depression & Other High School Health Risks (2011)

One in four high school students (25%) in Rhode Island (RI) is severely depressed.¹ This Brief examines if those students are in greater jeopardy from other health risks than their non-depressed peers (Chart 1), and whether those risks have improved or worsened over time (Chart 2). Twenty measures are evaluated,² comprising seven areas of vulnerability (drugs and alcohol, injury, mental health, sex, tobacco, violence, and weight). The findings are intended to inform interested parties and stimulate further research.

In this Brief, the relationship between depression and other risk factors is one of association, not causation (e.g., depressed students are almost four times more likely to be victims of rape, but depression does not cause one to be forced into intercourse). In the text, only those differences in values (over time or between depressed and non-depressed students) that are statistically 'significant' at the 95% confidence level are noted.³ Lastly, with the exception of the 'lesbian, gay, or bisexual' measure, all others are unfavorable indicators, so lower/declining values are preferred.

Drugs & Alcohol: Depressed students are more likely to use marijuana (35% vs. 23%) and to drink alcohol (48% vs. 30%). Depressed students are also 2½ times more likely to abuse legal drugs (29% vs. 12%).

Injury: More depressed students do not wear bike helmets (84% vs. 76%) or seat belts (15% vs. 8%). Drinking and driving is twice as prevalent among depressed students (11% vs. 5%).

Mental Health: Depressed high schoolers experience a much higher rate of long-term (6+ months) emotional disability (28% vs. 10%) and are five times more likely to attempt suicide (21% vs. 4%).

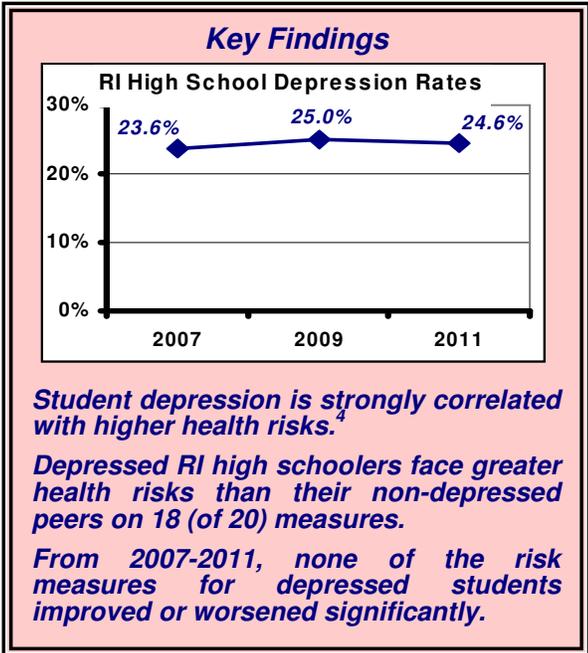
Sex: Depressed students are more likely to identify as lesbian, gay or bisexual (16% vs. 4%). Depressed students are also more likely to be sexually active (41% vs. 26%) and twice as likely to have unprotected sex (9% vs. 4%).

Tobacco: Cigarette smoking is twice as common in depressed students (20% vs. 9%) and heavy smoking (more than 10 cigarettes a day) is over three times more common (2.2% vs. 0.6%). The use of any tobacco product (cigarettes, cigars, smokeless tobacco) is also higher among depressed students (28% vs. 15%).

Violence: Physical fighting is more prevalent among depressed high schoolers (35% vs. 20%) who are also three times more likely to experience dating violence (18% vs. 5%). In addition, the incidence of rape is almost four times higher for this group (15% vs. 4%).

Weight: Obesity rates are not significantly different for depressed and non-depressed students, nor do these groups have significant differences for poor nutrition. Inadequate exercise, however, is higher for students with depression (15% vs. 11%).

Student depression is strongly correlated with higher health risks.⁴ One in four RI high schoolers is seriously depressed, and at greater threat from almost every factor examined. Improving the early detection and treatment of adolescent depression is a critical component of promoting overall health. It is time for behavioral healthcare to reach true parity with physical healthcare.



¹ This is not a clinical diagnosis of depression, but a self-reported evaluation of acute depression (for 2+ weeks) experienced in the past year.
² Data are from RI's Youth Risk Behavior Survey, part of a biennial national survey of public high school students on the major causes of disease and injury morbidity and mortality. For more information contact Bruce Cryan, 401-222-5111, www.health.ri.gov/data/youthriskbehaviorsurvey/.
³ As the RI-YRBS is a sample survey, if the 95% confidence intervals of two values do not overlap, one may conclude (with 95% certainty) there was a 'real' difference between the two values (i.e., the difference was not likely due to sampling bias).
⁴ The Phi Coefficient (r_ϕ) measuring the association of depression and higher health risks is 0.900 ('0' is no correlation and '1' is perfect correlation).

Chart 1: RI 2011 High School Health Risks by Depression Status

* statistically significant differences

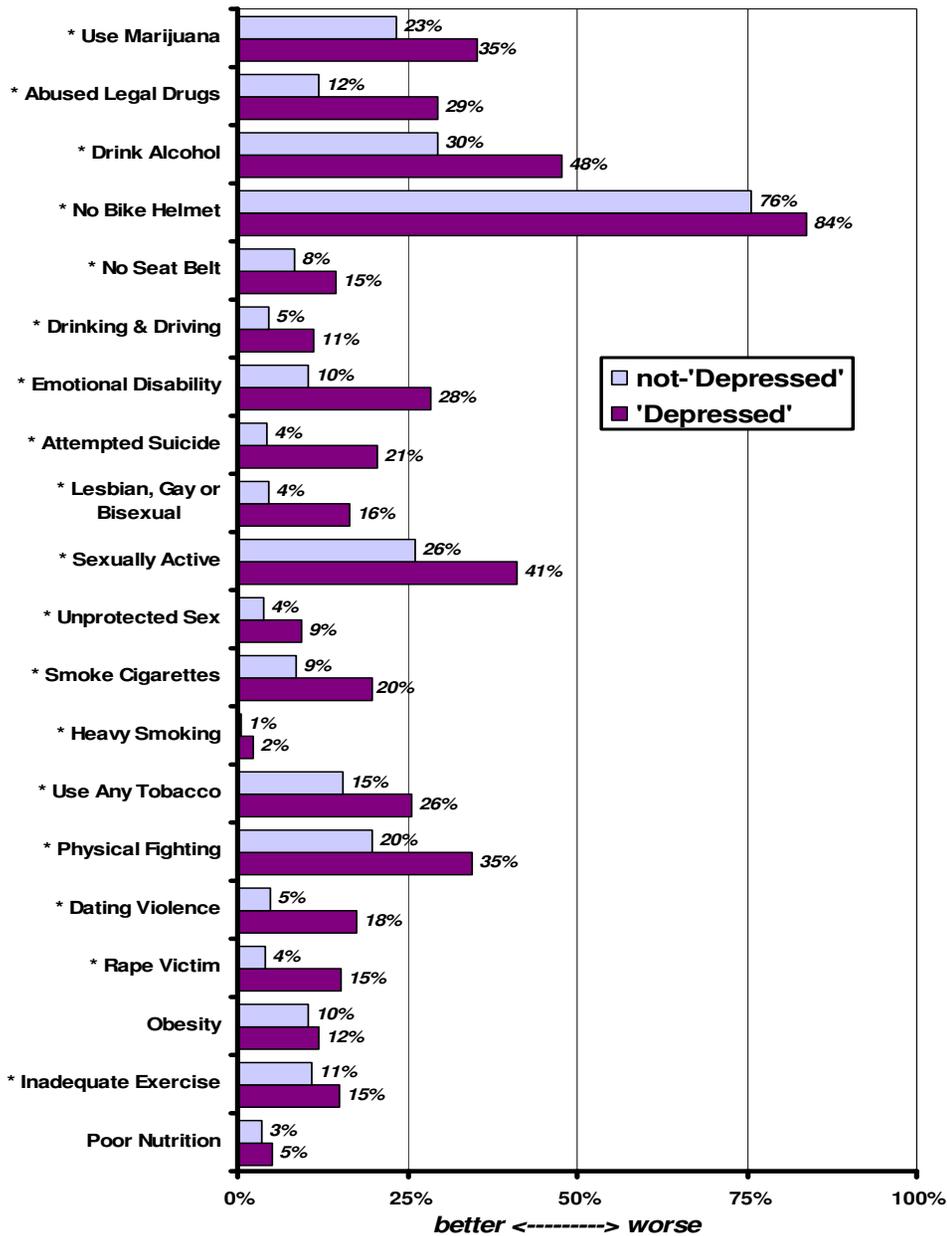
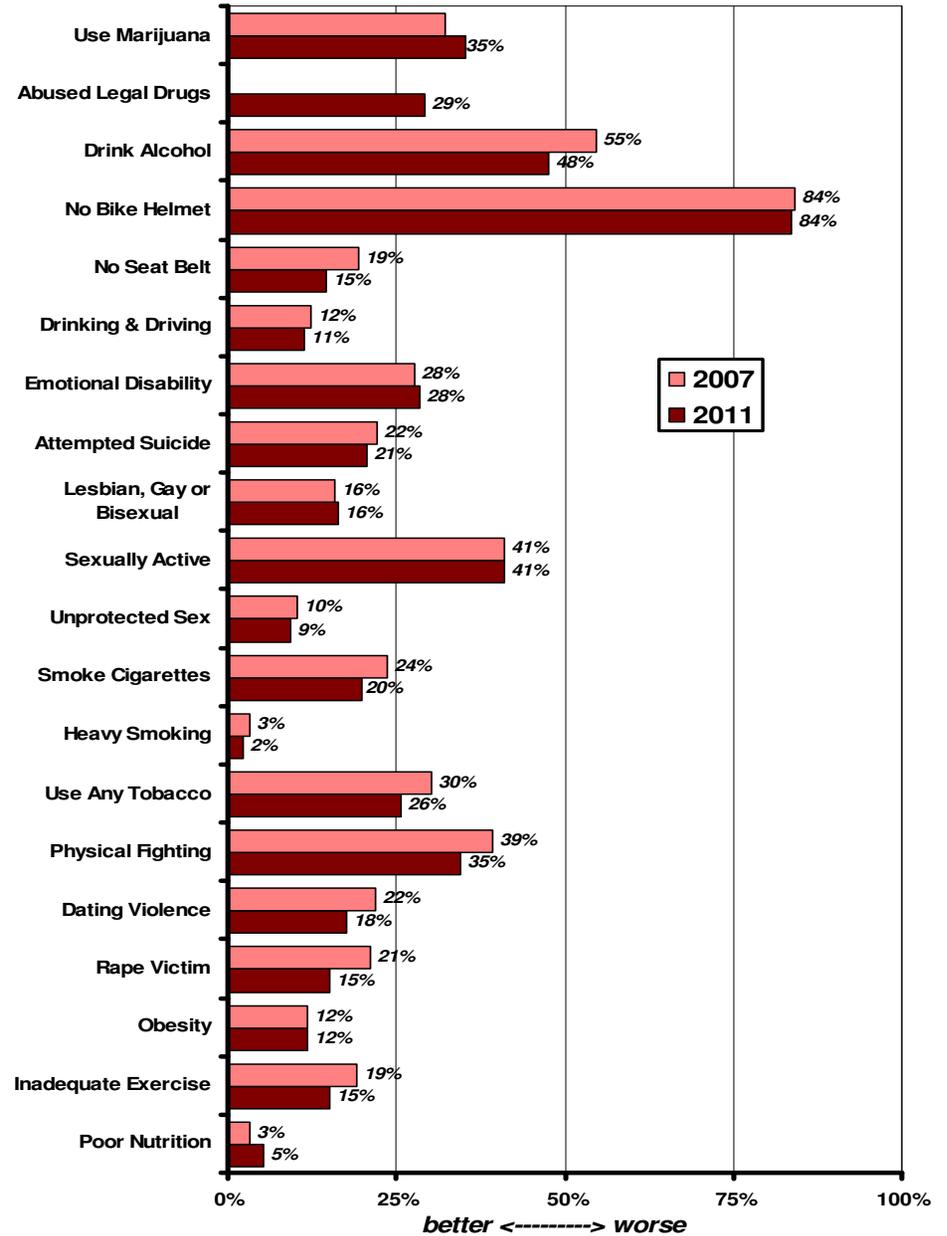


Chart 2: 2007 & 2011 RI Health Risks for Depressed Students

* statistically significant changes



DRUGS & ALCOHOL MEASURES: *Use Marijuana* (1+ times, past mo.); *Abused Legal Drugs* (abused prescription and/or 'over-the-counter' drugs 1+ times, ever); *Drink Alcohol* (1+ days, past mo.); **INJURY MEASURES:** *No Bike Helmet* (never or rarely wore, past yr.); *No Seat Belt* (never or rarely wore, past yr.); *Drinking & Driving* (1+ times, past mo.); **MENTAL HEALTH MEASURES:** *Emotional Disability* (for 6+ mos.); *Attempted Suicide* (1+ times, past yr.); **SEX MEASURES:** *Lesbian, Gay or Bisexual* (sexual self-identity); *Sexually Active* (1+ partner, past 3 mos.); *Unprotected Sex* (no protection, last encounter); **TOBACCO MEASURES:** *Smoke Cigarettes* (on 1+ days, past mo.); *Heavy Smoking* (over 10 cigarettes per day, past mo.); *Use Any Tobacco* (used chewing tobacco, snuff, dip, or smoked cigars or cigarettes on 1+ days, past mo.); **VIOLENCE MEASURES:** *Physical Fighting* (1+ times, past yr.); *Dating Violence* (physically abused by partner in the past yr.); *Rape Victim* (forced into sexual intercourse, ever); **WEIGHT MEASURES:** *Obesity* (over the 95th percentile for body mass index); *Inadequate Exercise* (60+ min. of exercise on 0 days, past wk.); *Poor Nutrition* (no fruit or vegetables, past wk.)